

Request for Accommodation and Assistance
DJJ 3.260 (NEW 01/09)

Name: _____

YA# _____

I. PRE-INTERVIEW FILE REVIEW (STAFF ONLY)

I acknowledge that I have reviewed all relevant field file information prior to notice of charges and rights with the parolee involved in this parole proceeding. For revocation proceedings, this file review must include, at the minimum, a review of the Youth Status form (DJJ 8.289), the Parole Consideration Hearing Report Parts I and II, electronic database information and attached documents, if any.

Print Name: _____ Sign Name: _____ Date: _____

Identified Disabilities

☐ Mental Health Concerns (Circle One): CTC ICF ITP IBTP SCP
Documented on: _____ Dated: _____

☐ Psychotropic Medication(s): _____
Documented on: _____ Dated: _____

☐ Developmental Disability _____
Documented on: _____ Dated: _____

☐ Physical Disability (Circle all that apply): Mobility Vision Hearing Speech
Description: _____
Documented on: _____ Dated: _____

☐ Other condition that may limit access or participation: _____
_____ documented on _____ dated: _____

☐ Learning Disability: _____ documented on _____ dated: _____

☐ **NO DISABILITIES IDENTIFIED FROM THE FILE REVIEW.**

Other Potential Assistance Needs:

☐ Reading Level _____ Total GPA _____ (If not available, note "N/A")

☐ Foreign Language Interpreter (List language): _____ ☐ Sign Language Interpreter

II. PAROLEE RIGHTS & SELF IDENTIFICATION

You have a right to receive help talking, reading, hearing, seeing, understanding or getting to your hearing. You have a right to receive help in meeting with your attorney. If you do not speak English, you have a right to an interpreter. If you are deaf and use sign language, you have a right to a sign language interpreter. If you cannot read, the JPB or DJJ must provide you with help to read the forms and papers. If you need special transportation, the JPB or DJJ must provide it for you. If you do not receive the help you need, you may file a complaint using the Accommodation and Assistance Grievance form (DJJ 3.261) or the Accommodation and Assistance Appeal form (DJJ 3.261A).

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> I need help reading my papers. | <input type="checkbox"/> I need the following help to hear _____ |
| <input type="checkbox"/> I need help understanding the rules and/or papers. | <input type="checkbox"/> I need the following help to see _____ |
| <input type="checkbox"/> I need a sign language interpreter. | <input type="checkbox"/> I need to communicate in writing. |
| <input type="checkbox"/> I need a wheelchair and I <input type="checkbox"/> do have one. <input type="checkbox"/> do not have one. | |
| <input type="checkbox"/> I do not speak English and need an interpreter. My language is _____ | |
| <input type="checkbox"/> Other _____ | (language) |

☐ I do not need any help for my parole hearing.

X _____
Parolee Signature YA # Date

III. INITIAL SERVICE OF RIGHTS (staff only)

I have informed parolee of his/her rights and charges, if any, and have determined that he/she:

- ☐ Appears to understand without assistance
☐ Does not appear to understand (assistance required)

(if checked, it is mandatory that you complete the Effective Communication section below)

☐ Effective Communication Method Used: (Foreign language interpreter, sign language interpreter, read/spoke slowly, assistive device, etc.)

Additional Comments: _____

Staff Name and Title (please print)

Staff Signature

Date

PROBABLE CAUSE HEARING

IV. JPB ADA COORDINATOR REVIEW *(internal use only)*

Accommodation(s)/Assistance to be provided at hearing(s): _____

Staff Name and Title (please print)

Staff Signature

Date

V. HEARING OFFICER REVIEW *(internal use only)*

Accommodation(s)/Assistance provided at hearing(s): _____

Staff Name and Title (please print)

Staff Signature

Date

OPTIONAL WAIVER REVIEW

IV. JPB ADA COORDINATOR REVIEW *(internal use only)*

Accommodation(s)/Assistance to be provided at hearing(s): _____

Staff Name and Title (please print)

Staff Signature

Date

V. HEARING OFFICER REVIEW *(internal use only)*

Accommodation(s)/Assistance provided at hearing(s): _____

Staff Name and Title (please print)

Staff Signature

Date

REVOCATION / REVOCATION EXTENSION HEARING

IV. JPB ADA COORDINATOR REVIEW *(internal use only)*

Accommodation(s)/Assistance to be provided at hearing(s): _____

Staff Name and Title (please print)

Staff Signature

Date

V. HEARING OFFICER REVIEW *(internal use only)*

Accommodation(s)/Assistance provided at hearing(s): _____

Staff Name and Title (please print)

Staff Signature

Date

EXIT INTERVIEW

IV. JPB ADA COORDINATOR REVIEW *(internal use only)*

Accommodation(s)/Assistance to be provided at hearing(s): _____

Staff Name and Title (please print)

Staff Signature

Date

V. HEARING OFFICER REVIEW *(internal use only)*

Accommodation(s)/Assistance provided at hearing(s): _____

Staff Name and Title (please print)

Staff Signature

Date